

CONNECTICUT
HEALTHCARE
INNOVATION PLAN



Equity and Access Council Member Survey

Summary of Results

February 26, 2015

Format & Participation

- EAC members were invited to participate in the survey between January 27, 2015 and February 17, 2015. The survey was hosted by [surveymonkey.com](https://www.surveymonkey.com).
- The survey included ranked and open ended questions aimed to aid in the focus and planning of the EAC's work.
- 7 out of 20 Council members participated in the survey (6 completed the entire survey)
- Participants self-identified with the following constituent groups:
 - Provider: 3
 - Consumer: 2
 - Government Agency: 1
 - Payer: 0

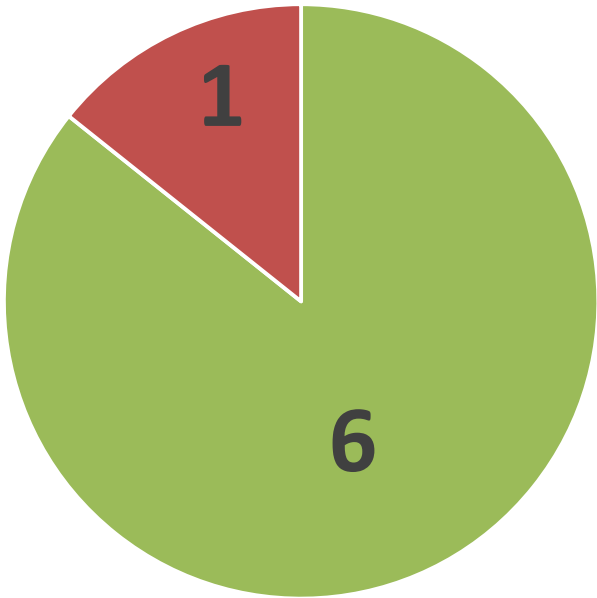
Meeting Logistics & Participation

Please indicate if you agree or disagree with the following statements on a scale of 1 to 5 (1 being strongly disagree and 5 being strongly agree)?

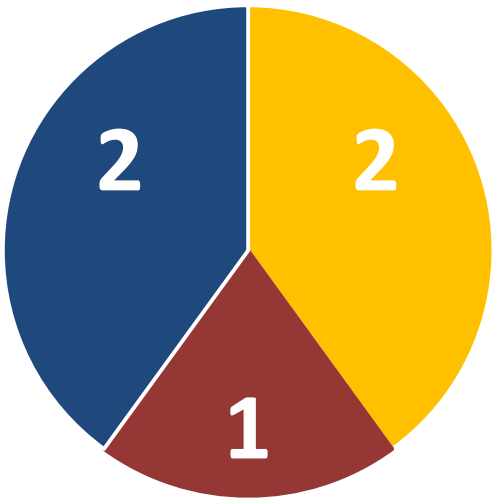
Question	Response Average
Attending the EAC meeting has been difficult due to logistical challenges (i.e.; location, frequency, time day of week, etc.) – higher indicates larger barrier	3.8
I feel equipped with the information necessary to participate effectively in the discussion at each meeting – higher indicates lesser barrier	3.8
The objectives of the EAC are clear – higher indicates lesser barrier	3.3
The EAC meetings thus far have been productive – higher indicates lesser barrier	3.2
I am able to articulate my perspectives on the topics under consideration at the EAC meetings – higher indicates lesser barrier	3.2
It is difficult to find the time to consistently make it to the EAC meetings – higher indicates larger barrier	3.0
Consumer perspectives are adequately represented at the EAC meetings – higher indicates lesser barrier	3.0

Meeting Logistics & Participation

Would you participate in a “question and answer” session prior to EAC meetings in order to discuss questions about the meeting materials or topics with the EAC facilitators?



If you would participate in such a session, please indicate in which format you would be most likely to participate?

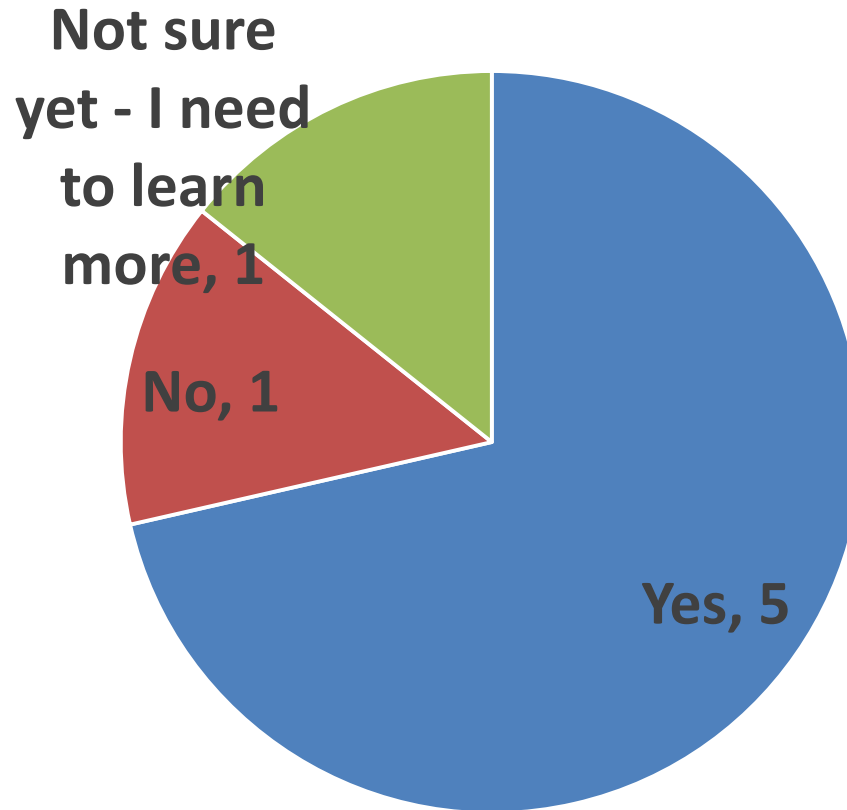


- By conference call one evening prior to the meeting
- By conference call one day during work hours prior to the meeting
- In person immediately before the meeting

Immediately Prior to Equity and Access Council Meetings there will be a Pre-Meeting Held in Person and by Phone

Meeting Logistics & Participation

Are you committed to the successful implementation of SIM in CT?



Meeting Logistics & Participation

What else can be done to support your participation in the future?

“Daytime meetings would be better for me. I would like to engage other resource persons in my agency, who may be most knowledgeable about specific SIM EAC topic areas.”

“Full information available well before the meeting, ensure meeting facilitation that allows all voices to be heard respectfully.”

“I am committed. I just need to devote time to learning the language of SIM as well as its operations so I can more adequately speak to the intricacies of the project.”

EAC & the SIM Initiative

Are there other SIM committees and/or agencies outside of the EAC whose mission aligns with the EAC's goals?

- Summary of Responses:
 - Other SIM workgroups – the Quality Council and the Practice Transformation Taskforce
 - CSMS diversity studies
 - ACA (ACO) software
 - Carestream

“I would hope all the committees have one mission; the successful implementation of SIM, and that each committee has distinct goals and purposes, not withstanding minimal overlap of projects.”

Perspectives on Healthcare Equity & Access

To what degree do you think the following are barriers to patients obtaining quality care for each of the following payer populations?

(1 – being not a barrier and 5 - being a substantial barrier)

Barriers to Quality Care	Type of Insurance				
	Uninsured	Medicare	Medicaid	Commercial	Overall
Lack of patient familiarity with how to navigate the healthcare system	4.8	3.8	4.5	2.8	4.0
Insufficient providers in a geographic area/insufficient provider network	4.0	3.0	4.0	2.8	3.5
Provider perception that patients are difficult to care for	3.7	3.0	4.5	2.2	3.4
Volume based reimbursement method (i.e; fee for service that does not reward coordination)	3.2	3.5	3.0	3.7	3.4
Complicated or cumbersome reimbursement process for providers	2.8	3.0	3.5	3.3	3.2
Insufficient/lack of reimbursement	3.5	2.7	3.8	2.2	3.1

Perspectives on Healthcare Equity & Access

What factors do you think consumers believe prevent them from getting the care they need?

"Too expensive, can't afford it, can't find a doctor to see them (especially primary care and certain specialties)."

"Lack of high quality providers in less densely populated areas of the state. Complicated system, difficult to navigate."

"Complexity of delivery systems."

"I am not sure how the committee members' answers to these questions will be helpful. The committee includes few people with information on these issues."

"Many consumers are "frozen" or intimidated when it comes to feeling empowered to manage their responsibility and choice of their own healthcare often resulting in less than the utmost healthcare outcome."



Perspectives on Healthcare Equity & Access

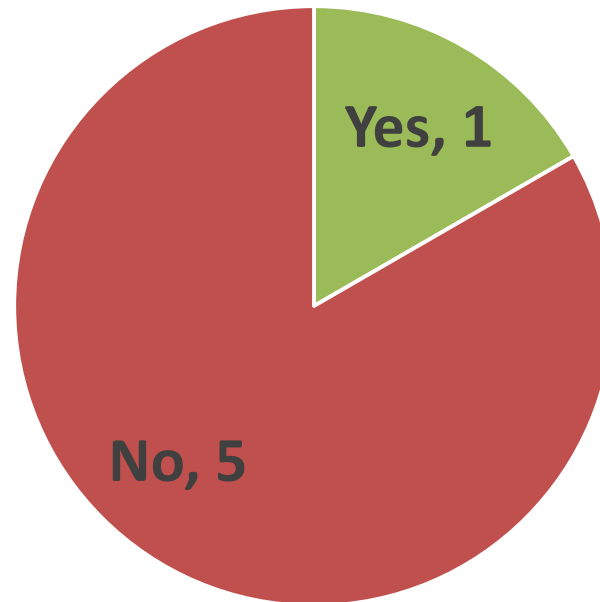
If the method of paying healthcare providers is reformed to reward providers for effectively managing the total cost of care for their patients (“value-based payment”) as opposed to being paid for volume (“fee for service”), how concerned are you that any of the following things will occur? (rate on a scale of 1-5, 1 being not concerned and 5 being very concerned)?

Area of Concern	Response Average
Patient Selection will occur (defined as the effort to avoid serving patients who may compromise a provider’s measured performance or earned savings)	4.2
Patient experience will suffer	3.5
Underservice will occur (defined as the systematic or repeated failure of a provider to offer medically necessary services in order to maximize savings or avoid financial losses associated with value based payment arrangements)	3.5
Quality of care or patient outcomes will decline	3.3

“In my opinion, providers not willing to consider the total cost of care for patients is doing the consumer a disservice. Many factors enter into a successful outcome... and should be included as part of the healthcare experience. However, I understand this concept may not be well received by all providers, with that said, I believe the matter must begin somewhere...”

Perspectives on Healthcare Equity & Access

Are you aware of examples of payers (private and Medicare/Medicaid) and/or providers that you think have done a good job of putting safeguards in place to prevent underservice and patient selection that we should explore further?



“As a matter of experience, I have taken on this approach on my own which I am convinced is why I have successfully navigated the Medicare system for over 30 years. However, I believe if this were prompted by the provider a larger sum of consumers would benefit.”

Perspectives on Healthcare Equity & Access

While multiple or all of the solution areas below may be necessary, which solution area has the largest potential to effectively prevent under-service and patient selection as a byproduct of payment reform?

(9 being the highest impact; 1 being lowest impact)

Solution Area	Average Rank
Payment Design: Patient Attribution (1A)	5.0
Payment Design: Cost Benchmark Calculation (1B)	5.8
Payment Design: Incentive Payment Calculation (1C)	5.8
Payment Design: Payment Distribution (1D)	4.8
Supplemental Safeguard: Communication (2B)	5.0
Supplemental Safeguard: Enforcement (2C)	5.0
Supplemental Safeguard: Concurrent Detection (2E)	6.0

Participants ranked Concurrent Detection as the area with the largest potential to effectively prevent under-service and patient selection.

Perspectives on Healthcare Equity & Access

Which stakeholders have the greatest opportunity to take action that prevents underservice and patient selection?

(1 being the least opportunity and 5 being the greatest opportunity)

Stakeholder	Average Rank
Provider group/ACOs	4.2
Regulatory/Licensing Bodies (using existing authority)	3.4
Regulatory/Licensing Bodies (if given new statutory authority)	3.2
Individual providers (i.e. physicians)	3.0
Consumer/Advocacy Bodies	2.8

“I believe the current healthcare system is disproportionately driven by payers and a large portion of the focus has been on the bottom line rather than the more important issue of quality healthcare itself. For the moment I think that can be countered by diligent development of this model as an effective way to promote its widespread use and implementation. Applying new guidelines and regulations that have been tried, consumers will realize the greatest benefit.”

Perspectives on Healthcare Equity & Access

What do you think the largest challenges/barriers will be in reaching recommendations for safeguards against underservice and patient selection? (1 being not a challenge at all and 5 being a large challenge)

Barrier	Average Rank
Gaining consensus on recommendations	3.8
Lack of information/expertise in different design areas	3.7
Establishing recommendations that are applicable across payers	3.3

“I imagine we will offer a menu of policy options that payers and providers and the state, etc. will choose from. We don't need to choose options that apply across all payers. One size very rarely fits all...”